



Neonatal care at home

- Guidance for parents



VÄSTRA
GÖTALANDSREGIONEN
SAHLGRENSKA UNIVERSITETSSJUKHUSET

Neonatal care at home

The goal of neonatal home care is for parents to be able to care for their newborn baby at home as early as possible, with the support and help of staff from the neonatal ward.

The aim of neonatal home care is:

- To facilitate the interaction between parents and baby and to strengthen parenting roles by gradually withdrawing support from the medical care services in a home setting.
- To give the family the opportunity for a normal family life sooner than if they had been in hospital.
- To promote breastfeeding when breastfeeding is possible, and to reduce the risk of hospital infections.

This brochure supplements the verbal information parents are given in the neonatal ward in preparation for home care.

Home care services are staffed Monday–Friday 08.00–16.00.

Contact

Mobile number 1, home care services

0700 – 82 38 58

Mobile number 2, home care services

0761 – 15 47 95

If you have questions between 16.00 and 08.00 on weekdays, contact
031-3439309

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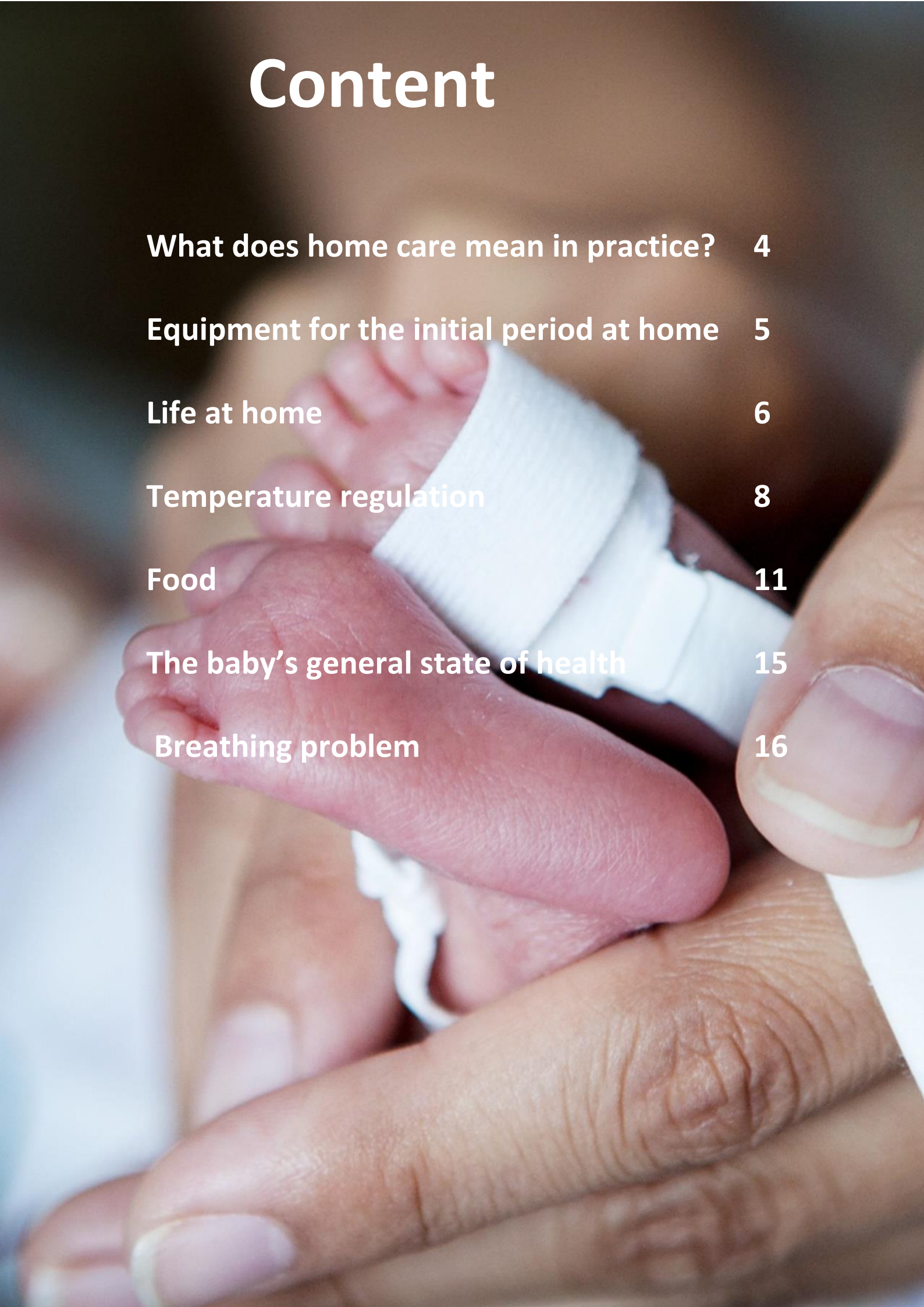
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What does home care mean in practice?

Home care services are staffed Monday to Friday during the daytime. Your baby remains registered as admitted to hospital. This means that you can phone Ward 309 around the clock for advice.

In preparation for home care you will be given guidance on how best to maintain your baby under observation.

You will also be taken through procedures for possible treatments to be carried out at home, such as tube insertion, feeding via tube, or light therapy.

Most of the support you receive will be provided digitally via Mitt Vårdmöte.

Home visits may be scheduled depending on your baby's and your needs.

You can also visit the home care services consulting room at the hospital.

Your baby will be discharged from home care services when it is medically stable, is able to receive food autonomously via breastfeeding or other feeding, and is gaining weight satisfactorily.

Equipment for the initial period at home

What you need to do and get before you go home

- Download the app Mitt Vårdmöte – see separate card
- Nappies – nappies for premature babies are available in pharmacies
- Rent or buy a breast pump – pharmacies both sell and rent them out
- Salt for the baby's nose and possible eye cleaning
- Rent or buy a child safety seat for the car
- A thermometer for checking body temperature
- Breastfeeding dummy and comforter, if needed
- Bottles for heating food in

What you will be given when you leave the ward

- Syringes for tube feeding
- Extra tape for keeping the tube in place
- Premature baby formula milk, if it requires a prescription
- Any supplements that might be needed to add to breast milk/baby formula

Life at home

Premature babies have two ages:

Their actual age – counted from the baby's birthday.

Their corrected age – counted from when the baby should really have been born.

Can our baby have contact with other babies?

Your baby is more sensitive than a full-term baby. It is sensitive to e.g. light and sound, and may overreact, becoming strained and exhausted. The baby needs peace and quiet to grow. You can receive visits by a limited number of friends and family, if you and the baby have the energy for it. It's important that no-one has a cold or any other infectious illness.

Your baby is more sensitive to infection than other newborn babies. Let the baby stay in your arms or in the pram/safety seat.

What should we do if someone in the family becomes ill?

If you get a cold you should avoid close contact with the baby, i.e. kissing it or sneezing near it. Wash your hands after you've sneezed or blown your nose before touching the baby, as hands are a significant transmission route for infections. It's a good idea to use hand sanitiser while you have a cold. Hand sanitiser is sold in pharmacies.

What about siblings?

If you have several children, it's important for the family's well-being that they participate in spending time with the new baby. Older siblings of a premature baby can easily become jealous as the parents have spent a lot of time in the hospital during the long period of care. You should therefore try to give the siblings some extra attention.

Are there any particular hygiene concerns we should have?

You don't need to be as cautious as in hospital – you can use the same tube syringe during 24 hours, for example. Rinse it and wash it after each use.

What about alcohol and smoking?

Alcohol affects your judgement, so as a parent who is responsible for your baby you should avoid drinking it. Babies in home care must not be subjected to tobacco smoke. If you have to smoke, do it outside and change clothes afterwards. Also bear in mind that the nicotine content of your breast milk increases after smoking.

In what position should the baby sleep?

Socialstyrelsen, the National Board of Health and Welfare, recommends that babies sleep on their back when parents are not awake or nearby, as this reduces the risk of sudden infant death syndrome. It is regarded as safer for babies to sleep on their back than on their side, as they can roll over onto their stomachs if they sleep on their side. The baby must have its own bed in the parents' bedroom, or alternatively its own bedding in the parents' bed, which means its own mattress, its own small pillow, and its own blanket to avoid it getting too hot. Remove unnecessary pillows that can end up on top of the baby.

The baby should have skin-to-skin contact with one of its parents as much as possible. Having skin-to-skin contact with your baby provides the best conditions for its growth and development.

How do we transport our baby?

In the car your baby must be placed in an approved child safety seat, which you need to buy or rent.



Temperature regulation

Your baby's temperature regulation system is not yet fully developed. You need to check its body temperature. You should check its temperature on a couple of occasions during the first few days, to ensure that your baby maintains a body temperature between 36.7 and 37.2 degrees C. A baby that becomes too cold expends a lot of energy on keeping warm instead of gaining weight. A baby that becomes too warm can become tired and less interested in eating. Once the baby's temperature is stable, you can check that it's comfortable by feeling its neck, back and tummy.

We suggest the following:

- Keep the room temperature at around 22 degrees C
- Avoid drafts
- Place the cot/bed next to an interior wall
- Air out the room when the baby is not there

If your baby becomes cold:

- Put the baby in skin-to-skin contact with you
- Use a baby wrap or tube, or a large jumper
- Put a baby beanie on it indoors



Bathing

We suggest the following:

- Keep the bathwater at around 37 degrees C
- Wrap your baby in a towel immediately after the bath
- Put the baby in skin-to-contact once it's dry, possibly wearing a beanie

Dressing

Bear in mind that your baby has to wear clothes that suit the temperature of the surroundings.

We suggest the following:

- Use soft and flexible clothing
- Use one-piece outfits
- Have your baby wear a beanie or other hat as heat loss from the head is considerable
- Washing powders or liquids and conditioners must be fragrance free

Can we take our baby outdoors?

Consult with home care staff – you may be able to go for short walks. Be attentive to damp and wind, which can chill your baby. When you first take your baby out in a pram you should only stay out for around 20–30 minutes. You can then gradually increase the amount of time you spend outside, depending on the weather.



Food

Prematurely born babies don't give very clear signals when they want to eat. You'll discover your baby's signals it wants to suckle when it lies in skin-to-skin contact with you.

How should the baby eat at home?

The process by which your baby will eventually manage without tube feeding begins while you are still at the hospital. Before you leave, you and the staff plan together for the baby's eating when you get home. Once you are at home you continue planning its eating, in consultation with staff.

Breast or tube feeding?

It's important that your baby is awake and wants to suckle when you lay it at your breast.

- If your baby is asleep, or only licks your breast a little and then falls asleep, you give a full meal via the tube
- If your baby suckles actively for about 10 minutes you can reckon it's had half a meal, and so give it half a meal via the tube
- If your baby suckles actively for about 20 minutes you can reckon it's had a full meal
- If your baby suckles actively during several meals you can choose to let the baby "nurse freely" for a period of time, e g 6–8 hours. This means that every time the baby is awake and wants to suckle, you lay it at your breast. Your baby should not sleep for longer than 4 hours – wake it up after 4 hours and offer it your breast. Don't feed your baby via the tube while it is "nursing freely". Once the "nurse freely" period is over, breast and tube feed your baby for the rest of the 24-hour period. You should gradually extend the "nurse freely" period, so that in the end your baby is being fed from your breast throughout the 24-hour period. When your baby begins to nurse freely it may not gain weight at the same rate as before.

Trust your instinct when you think your baby has suckled a whole meal, and don't give it extra food via the tube.

How do I know that my baby is receiving enough food?

Your baby wakes up, eats, and is content.

Your baby eats more and more over time, and eventually has the strength to eat a large meal and sleep several hours afterwards, and/or remain awake and content.

Your baby eats at least 6–8 times/24 hrs and urinates in 4–7 nappies/24 hrs.

Your baby's faeces are thin, creamy or grainy.

How do we feed the baby via the tube?

Do the following to ensure the tube is correctly placed:

- Attach the syringe to the tube and draw on it slowly. If you get stomach contents (milk or gastric juice), drip a little on a litmus paper, which should turn pink
- This shows that the tube is in the stomach
- If you don't get any stomach contents, try injecting a small amount (one ml or two) of air, and then try again
- Put your baby at your breast and let it suckle for a short while

Never feed via the tube without being sure that it is correctly placed.

Let your baby lie in skin-to-skin contact during tube feeding and keep an eye on it. This is to make sure the tube doesn't move during the meal (slips or is pulled out by the baby), and also to see how your baby reacts to the food. Let your baby have a break if it shows signs of exertion, e.g. restlessness or changed breathing.

What should the feeding situation be like?

A baby can have difficulties concentrating on eating, so we suggest the following:

- Make sure you are seated comfortably on a chair or a sofa, and are relaxed
- Dim the lights
- Avoid noise and commotion – lower the volume or turn off music and TV
- Keep something for you to drink within reach
- Make sure you have everything you need nearby

While you continue pumping, we suggest that you do so after breastfeeding.

And if I don't have enough breast milk?

We suggest that you:

- Drink a lot of fluids and rest as much as you can
- Breastfeed and pump more frequently during 24–48 hours

Your baby may want to suckle often, maybe every hour or two. It's normal for your supply to dwindle during the day. You have most milk at the end of the night and the beginning of the day.

Pumping and storage of breast milk

- Wash your hands before pumping
- Rinse the pump/bottles in cold water after pumping, and wash them up later
- Boil them, or put them in water which has boiled, once per day
- Don't mix warm and cold milk due to the risk of bacterial growth

Breast milk keeps as follows:

- 48 hours in the fridge (applies to thawed milk as well)
- 6 months in the freezer (-18 degrees C)

Milk that has been thawed must not be frozen again.



The baby's general state of health

How do we maintain the baby under observation?

Always remember that you know your baby best. What you observe in your baby is therefore very important.

Be attentive to:

- Changes in your baby's faeces: colour, consistency and frequency
- Tiredness
- Increased temperature
- Blocked nose
- Eye discharge
- Nausea or vomiting
- Stomach ache

Contact the ward if anything is worrying you. You can phone 031-3439309 around the clock.

If you need to call an ambulance, phone 112 and ask for the ambulance to take you straight to Ward 309 at Östra Sjukhuset, or otherwise to the nearest hospital.

When you arrive at the hospital, tell the staff that your baby is registered for neonatal care at home.



Breathing problems

What do we do if the baby stops breathing?

It is normal for babies to breathe irregularly and sometimes pause breathing for up to 20 seconds. If your baby makes a longer breathing pause you need to act quickly.

If your baby isn't breathing, grows pale or turns blue, you must stimulate it.

1. Lift your baby and stimulate it by rubbing your fingers along its spine or breast bone.

This is usually enough to make your baby start breathing again. When the baby starts breathing it may at first be in quite shallow breaths, after which breathing becomes deeper. The baby's colour will gradually return to normal.

2. If your baby does not react to stimulation you have to phone 112 for an ambulance.

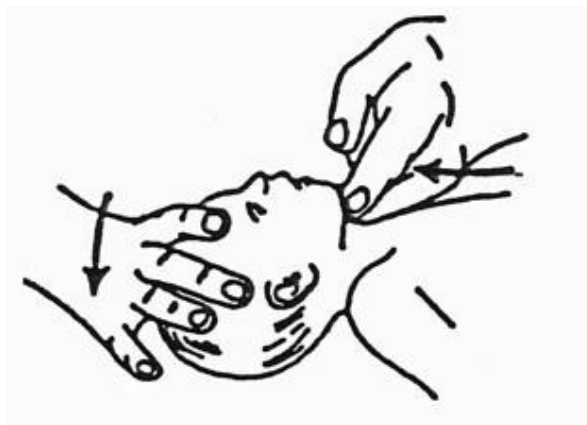
3. Ensure airways are not obstructed

- Place the baby on its stomach
- Lift the baby by the feet/legs with one hand, so that its head is downwards
- Tap lightly but steadily with your fingers between the baby's shoulder blades, so that any mucus in its airways comes loose
- Look in the baby's mouth and use your finger to remove mucus and any food remains

4. If your baby still isn't breathing you have to begin mouth-to-mouth resuscitation

- Place the baby on its back on a solid surface (the floor, a tabletop or similar)
- Tilt the baby's head slightly backwards, keeping one hand on its forehead
- Lift the baby's chin using the index finger or middle finger of your other hand. Hold it against the baby's hard lower jawbone
- Take a breath and place your open mouth over the baby's nose and mouth. Carefully blow air into them. This should only take about 1 ½ second. The volume of air in your mouth is usually enough
- Check that the baby's chest is rising and falling. The baby's exhalation will occur automatically while you take a new breath (the baby's chest falls).
- While the baby is exhaling you should take an extra breath between each time you blow into the baby's nose and mouth.

Continue giving mouth-to-mouth resuscitation until the ambulance arrives or until the baby begins to breathe on its own and regains its normal colour.





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